

# Membership Info

## Qualifications

Proper qualification and license under the laws of the State of Arizona to act as a property and casualty insurance agent or broker.

Direct representation of a company or companies which operate exclusively on a commission basis and under the American Agency System.

Assent to the Constitution and By-Laws of the Independent Insurance Agents and Brokers of Arizona, and subscription to the Code of Ethics of the Independent Insurance Agents and Brokers of America.

Primary engagement in the general insurance business, deriving principal source of income there from. An agency which is a subsidiary or division of another enterprise would qualify under this section by having a full time separate insurance department, with one or more properly licensed agents, whose primary activity is general insurance.

Agreement upon discontinuance of membership, for any reason, to discontinue use of the Big "I" logo, a registered and copyrighted trademark, within a 90 day period after termination, and agreement to pay any legal fees incurred by the Independent Insurance Agents and Brokers of Arizona to enforce this requirement.

Membership in a local association in areas where there is an organized chapter.

Payment of annual membership dues.



**Independent Insurance Agents and Brokers of Arizona**

333 East Flower Street  
Phoenix, Arizona 85012

Phone: 602-956-1851  
Fax: 602-468-1392  
Email: [terri@iiaz.com](mailto:terri@iiaz.com)



# INDEPENDENT INSURANCE AGENTS AND BROKERS OF ARIZONA, INC.

A trade association to support right principles and oppose bad practices in underwriting.

## EXECUTIVE OFFICE

333 East Flower Street - Phoenix, AZ 85012 PHONE: 602-956-1851 OR 800-627-3356 FAX: 602-468-1392  
E-MAIL: info@iiaz.com WEB: www.iiaz.com

## Application for Local, State, and National Association Membership

The undersigned (agency) agent/broker believing in the ethical and sound practices in the transacting of the business of insurance and representing only such companies who adhere to the principles of the American Agency System hereby applies for membership in the LOCAL Association (if one is in their area) along with the STATE Association - the Independent Insurance Agents and Brokers of Arizona, which automatically includes membership in the NATIONAL Association - the Independent Insurance Agents of America.

AGENCY NAME \_\_\_\_\_ LICENSE # \_\_\_\_\_

ADDRESS \_\_\_\_\_  
Mailing Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

ADDRESS \_\_\_\_\_  
Street Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

PHONE \_\_\_\_\_ FAX \_\_\_\_\_ E-MAIL \_\_\_\_\_

WEB \_\_\_\_\_ Check one box:  ONE AGENCY OWNER  PARTNERSHIP  CORPORATION # OF EMPLOYEES \_\_\_\_\_

NAME OF PRINCIPAL(S) \_\_\_\_\_ # OF YEARS IN INSURANCE FIELD \_\_\_\_\_

# OF YEARS IN ARIZONA \_\_\_\_\_ ENGAGED IN ANY BUSINESS OTHER THAN INSURANCE? \_\_\_\_\_ IF SO DESCRIBE \_\_\_\_\_

LINES OF BUSINESS AGENCY WRITES: Check one box:  COMMERCIAL  PERSONAL  BOTH DESCRIBE: \_\_\_\_\_

MEMBER OF WHICH LOCAL ASSOCIATION \_\_\_\_\_ Local Associations are: Cochise County, East Valley, Greater Phoenix, Nogales, Northern AZ, Northwestern AZ, Scottsdale, Tucson, Yuma

OTHER INSURANCE ORGANIZATIONS OF WHICH YOU ARE A MEMBER \_\_\_\_\_

On a separate sheet list all insurance companies you represent. Please attach a list of Licensed and Key Personnel including home address and legislative district (if known).

INDICATE ANY INTEREST IN SERVING ON OR CHAIRING A COMMITTEE \_\_\_\_\_

State committees are: Agency/Company Relations; Automation; Consumer Public Relations; Education; Legislative; Membership; and Technical

ANY INTERESTING FACTS ABOUT YOUR AGENCY OR PRINCIPALS (professional designations, service organizations, etc.) \_\_\_\_\_

HOW DID YOU HEAR ABOUT THIS ASSOCIATION? \_\_\_\_\_

In signing this application for membership, I/we pledge to abide by the By-Laws of the Independent Insurance Agents and Brokers of Arizona now in force and which may be hereafter adopted; faithfully carry out the letter and spirit of the Code of Ethics of the Independent Insurance Agents of America (Code of Ethics printed on the reverse side hereof); and to adhere to the Insurance Code of the State of Arizona.

DUES - The annual membership dues for the Independent Insurance Agents and Brokers of Arizona (which include membership in the Independent Insurance Agents of America and subscriptions to publications for members of those associations) are self graded based on gross premium volume less cancellations and return premiums but excluding life, group accident and health and medical premiums. See attached Dues Declaration. Dues may be prorated to end of current fiscal year. Fiscal year is November 1st to October 31st. Local Association dues will be billed separately by the applicable Local Association.

DATE \_\_\_\_\_ APPLICANT SIGNATURE \_\_\_\_\_

# INDEPENDENT INSURANCE AGENTS AND BROKERS OF ARIZONA

333 EAST FLOWER STREET - PHOENIX, ARIZONA 85012

PHONE: (602) 956-1851 TOLL: (800) 627-3356 FAX: (602) 468-1392 EMAIL: info@iiaz.com

## 2015-2016 MEMBERSHIP DUES DECLARATION

**Current Fiscal Year:** November 1, 2015 - October 31, 2016

Agency Name: \_\_\_\_\_

Agency Address: \_\_\_\_\_ City/ST/Zip: \_\_\_\_\_

Principal Name: \_\_\_\_\_ Email: \_\_\_\_\_

### BASIS OF DUES SCHEDULE

*Annual Premiums Collected – Not Commission Income*

Classification	Premium	Annual Dues
1	Up to \$200,000.	\$330.00
2	\$200,001. to \$400,000.	\$506.00
3	\$400,001. to \$700,000.	\$792.00
4	\$700,001. to \$1,000,000.	\$1,034.00
5	\$1,000,001. to \$2,500,000.	\$1,210.00
6	\$2,500,001. to \$5,000,000.	\$1,342.00
7	\$5,000,001. to \$10,000,000.	\$1,518.00
8	\$10,000,001. to \$20,000,000.	\$1,628.00
9	Over \$20,000,000.	\$1,760.00

Optional Branches

\$220.00 Each Location

Applies only if you wish the Member Benefits to extend to those locations. Please list on separate sheet.

1. Classification Number for Agency: \_\_\_\_\_ Total Annual Dues: \_\_\_\_\_  
(Classes: 1-9) (Including branch offices)

2. Payment Schedule: **Annual**  **Semi-Annual**  **Quarterly**

Please note that a \$5 Service Charge will be added to each installment if you choose Semi-Annual or Quarterly payments.

**Annual Payment**  
Due: November 1, 2015

**Semi-Annual Payments**  
1st Payment Due: November 1, 2015  
2nd Payment Due: May 1, 2016

**Quarterly Payments**  
1st Payment Due: November 1, 2015  
2nd Payment Due: February 1, 2016  
3rd Payment Due: May 1, 2016  
4th Payment Due: August 1, 2016

Your Agency will be invoiced before the due dates listed above. All Invoices are past due 30 days after payment due date.

3. Employee Count - Number of Full Time Employees: \_\_\_\_\_ Number of Part Time Employees: \_\_\_\_\_  
Please list the number of employees in your agency including owners, principals, producers, CSRs, and clerical. The employee count does not impact your dues, but is used to calculate how much we pay the National Association for your agency.

The State Association dues listed above includes the Independent Insurance Agents and Brokers of America's dues along with the Trusted Choice dues. *The Tucson Local will bill their dues separately to Tucson Members.* No other Local dues apply.

*Dues to the Independent Insurance Agents and Brokers of Arizona are not deductible as charitable contributions but may be deductible as an ordinary and necessary business expense. To the extent that the Associations engage in lobbying, the portion of the dues that relate to lobbying expenses are not deductible as an ordinary and necessary business expense. The non-deductible portion of dues for 2015-2016 is 10.3%.*

Please complete and mail back to the Independent Insurance Agents and Brokers of Arizona at 333 East Flower Street Phoenix, Arizona 85012 or fax: (602) 468-1392 or email: kathy@iiaz.com with the application. Please keep a copy for your records.



Independent Insurance Agents and Brokers of Arizona, Inc.  
 333 East Flower Street – Phoenix, Arizona 85012  
 (602) 956-1851 Toll: (800) 627-3356 Fax: (602) 468-1392

## AUTHORIZATION AGREEMENT FOR AUTOMATIC DUES RENEWAL

I/We hereby authorize InsurBanc to initiate a debit entry to my/our ( ) **Checking** ( ) **Savings account (select one)** at *Depository* named below. To correct a transaction error, InsurBanc is hereby authorized to initiate an adjusting debit or credit entry to my/our depository account.

This authorization is to remain in full force and effect until InsurBanc has received written notification from me (or either of us) of its termination no less than (15) days prior to the next transaction date to InsurBanc, 10 Executive Drive, Farmington, CT 06032. I/We acknowledge that the origination of these transactions must comply with the provisions of U.S. law. IIAB of Arizona Inc. will charge \$25.00 for any Non Sufficient Funds Transaction.

**One time charge:** ( )  
**Semi-Annual Payment:** ( ) 50% due 11/1/15; 50% due 5/1/16  
**Quarterly Payment:** ( ) 25% due 11/1/15; 2/1/16; 5/1/16; 8/1/16

**Name:** \_\_\_\_\_

**Business Name:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**City-State, Zip:** \_\_\_\_\_

**Phone:** \_\_\_\_\_

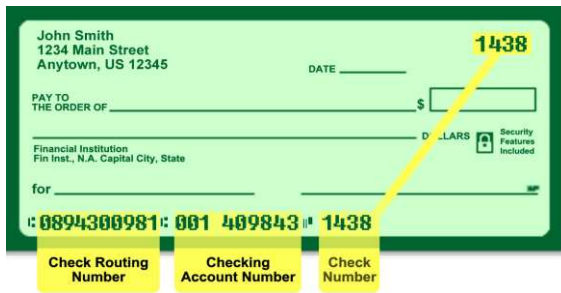
**Name of Bank:** \_\_\_\_\_

**Name on Account:** \_\_\_\_\_

**Bank Routing Number:** \_\_\_\_\_

**Account Number:** \_\_\_\_\_

**\*YOU MUST INCLUDE AN IMAGE OF A VOIDED CHECK\***



X \_\_\_\_\_  
 Client Authorization (signature)

\_\_\_\_\_  
 Date

**Please return this completed form with a copy of your voided check to:**

Independent Insurance Agents and Brokers of Arizona, Inc.  
 333 East Flower Street - Phoenix, Arizona 85012 Fax: (602) 468-1392 Email: kathy@iibaz.com

INDEPENDENT INSURANCE AGENTS AND BROKERS OF ARIZONA  
**CREDIT CARD CHARGE FORM**

Amount to be charged: \$ \_\_\_\_\_.

Purchase/Service: 2015/2016 IIABAZ Membership Dues

Please check one: American Express  VISA  MasterCard

Credit Card Number: \_\_\_\_\_

Expiration Date: \_\_\_\_/\_\_\_\_ Security Code: \_\_\_\_\_

Company Name: \_\_\_\_\_

Card Billing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_

Name on Card (Print): \_\_\_\_\_

Signature: \_\_\_\_\_

**Billing address is required for processing.**

Receipts will be given upon request only and after the charge has been processed.

Yes, please email me a receipt to: \_\_\_\_\_

Fax to: Kathy Johnson at (602) 468-1392 OR Email to: [kathy@iiabaz.com](mailto:kathy@iiabaz.com)

Mail to: IIABAZ at 333 East Flower Street, Phoenix, Arizona 85012

Please contact Kathy Johnson in Accounting if you have any questions at (602) 956-1851, (800) 627-3356, or [kathy@iiabaz.com](mailto:kathy@iiabaz.com).



Independent Insurance Agent

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## Benefits of Living the Trusted Choice® Brand.

Trusted Choice® is the national marketing brand created exclusively for Big “I” members to help consumers understand the value that an independent insurance agent offers. This is not a market access program but a brand that is designed to highlight the strengths of independent insurance agents: **Choice, Customization, and Advocacy.**

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Trusted Choice® agencies benefit from the following:

- Licensed use of the consumer tested Logo & Pledge of Performance
  - Resonates with consumers and reinforces the value of doing business with independent agents
- Exposure through a national advertising and public relations campaign
  - National cable TV ads run 2 weeks out of every month
  - Extensive online/Facebook presence: [www.facebook.com/TrustedChoice](http://www.facebook.com/TrustedChoice)
- Customizable advertising materials
  - Little or no production costs for your agency
  - Agency contact information can be included on all ad materials
  - Four TV ads, 14 radio ads, 10 print ads and five billboard ads available
- Inclusion on the online Agency Locator, so that consumers can find your agency when visiting [www.TrustedChoice.com](http://www.TrustedChoice.com)
- Informative consumer articles
  - Use in newsletters, on websites, social media or as part of a mailing
  - Share how-to articles (Prepare Your Home for Winter), consumer interest articles (Pool Safety, Flood Insurance) and consumer guides (Graduate’s Guide to Insurance)
- Customizable press release templates
  - Helps garner local press coverage for your agency
  - Positions your agency as local authority on insurance
- Syndicated Content Feed (RSS) for website
  - Automatically refreshes consumer content about once a month
  - Articles contain topical insurance content that is seasonally appropriate and completely vetted for accuracy and readability
- Support from our many Trusted Choice® Company Partners
- Marketing Reimbursement Program (MRP)
  - Get up to \$500 back for co-branding your website and promotional items with Trusted Choice®



**IMPORTANT NOTE: Please read the License Agreement to determine your agency's acceptance of it. If your agency rejects the License Agreement, your agency will not be a participant in Trusted Choice®, and no license is granted to use the Trusted Choice® mark or otherwise participate in Trusted Choice®. The License Agreement can be rejected either by emailing [trustedchoice@iiba.net](mailto:trustedchoice@iiba.net) or notifying the state association in which your office is located. **IF YOUR AGENCY DOES NOT REJECT THE LICENSE AGREEMENT AS DESCRIBED ABOVE, YOUR AGENCY WILL BE DEEMED TO HAVE ACCEPTED IT AND WILL BE A PARTICIPANT IN TRUSTED CHOICE®.****

## Trusted Choice® LICENSE AGREEMENT

This License ("Agreement") is made between Trusted Choice®, Inc. ("Trusted Choice®") and the independent insurance agency ("Licensee") for Licensee to participate in the Trusted Choice® Program ("Program").

BY AGREEING TO THIS LICENSE AGREEMENT, LICENSEE EXPRESSLY AGREES TO BE BOUND BY ALL TERMS OF THIS AGREEMENT.

### 1. The Program and Registration

A. Program. The Program, and the "Trusted Choice®" name, logos and trademarks (collectively "Mark") are proprietary to Trusted Choice® and are protected by intellectual property laws and treaties. Licensee's use of the Mark is as a licensee and Licensee will not acquire any ownership rights in the Mark.

B. License. Trusted Choice® grants to Licensee a nonexclusive, nontransferable, nonassignable, nonsublicenseable, revocable license to use the Mark under the Program, and only as permitted by the Program. Nothing in this Agreement shall be construed to grant any right or interest to Licensee to use any other mark owned or used by Trusted Choice®.

### 2. Representations and Warranties

Licensee represents and warrants to Trusted Choice® that: (A) Licensee is a member in good standing of a state association affiliated with the Independent Insurance Agents & Brokers of America, Inc. ("IIABA"); (B) Licensee shall comply with all terms and conditions of this Agreement, including, without limitation, all documents incorporated by reference into the Agreement; (C) Licensee will provide accurate and complete information on its Trusted Choice® profile, including, without limitation, Licensee's legal name, address, telephone number, and email address; and (D) the person deciding to enter into this Agreement on behalf of Licensee is fully authorized to do so.

### 3. Pledge of Performance

Licensee agrees to the Pledge of Performance, accessible by [clicking here](#) and incorporated herein by reference.

### 4. Acceptable Trademark Rules

Licensee agrees to abide by all terms and conditions of the Trusted Choice® Logo Rules, accessible by [clicking here](#) and incorporated herein by reference, including on all printed and electronic materials (collectively "Materials") used or distributed by Licensee using the Mark.

### 5. Term

This Agreement is effective on Licensee's acceptance of this Agreement and shall continue until terminated by either party hereto as provided for herein. Licensee may terminate this Agreement at any time and for any reason on written notice to Trusted Choice®. Trusted Choice® may, at any time and for any reason, such as, but not limited to, breach of this Agreement or failure to remain a member in good standing of an IIABA state association: (A) suspend Licensee's participation in the Program and authorization to use the Mark; and (B) terminate this Agreement.

In the event of termination of this Agreement, Licensee shall immediately discontinue all uses of the Mark, destroy all Materials in its possession or control bearing the Mark and delete all uses of the Mark in its Materials.

### 6. Indemnification

Licensee shall defend, indemnify, and hold harmless Trusted Choice® and its corporate affiliates, and their respective officers, directors, employees and agents, against all claims, demands, causes of action, or liability arising out of or related to



Licensee's use of the Mark or Licensee's action as a participant in the Program (collectively "Claims"). Licensee shall promptly reimburse Trusted Choice® and its corporate affiliates, and their respective officers, directors, employees and agents for all expenses and costs incurred in defending Trusted Choice® against all Claims, including, but not limited to, attorney's fees. Trusted Choice® or its corporate affiliate, as appropriate, shall have the right, in their respective sole discretion, to select counsel to defend them or their officers, directors, employees and agents against all Claims. This indemnification shall survive termination of this Agreement.

### 7. Acknowledgments

Licensee acknowledges that: (A) this Agreement and the Program are not a sale to Licensee or grant of a right to enter into a business; (B) Licensee obtains Licensee's appointments or rights to offer and sell insurance or any other product or service from sources other than Trusted Choice®; (C) Licensee's participation in the Program is voluntary; (D) Licensee can elect to use materials created by Trusted Choice®, but does not need to and is not required to do so as a condition to voluntary participation in the Program; (E) Trusted Choice® does not and will not control Licensee's business organization, promotion activities, management, marketing plan, business affairs or other aspects of Licensee's business; (F) any offer of assistance provided by Trusted Choice® is not necessary or critical to the overall operation of Licensee's business; (G) Licensee's payment to acquire the rights under this Agreement reflects the fair market value of any materials and services offered or provided and is non-refundable; (H) Trusted Choice® does not provide Licensee any form of marketing plan (such as guidance or approval regarding site, facility design, operating hours, production techniques, accounting, personnel matters, customer or territory restrictions, or otherwise) but rather, Licensee develops Licensee's own marketing plan using tools and resources available to Licensee from a variety of sources other than Trusted Choice®; (I) the Program is designed to supplement but not replace Licensee's name and identity; and (J) Trusted Choice® may establish rules for access to and continued use of any Trusted Choice® materials that are available for voluntary use by Licensee.

### 8. Miscellaneous

A. *Law and Venue.* The parties consent to submit to the jurisdiction of the state and federal courts of the Commonwealth of Virginia with respect to any dispute that may arise under this Agreement. This Agreement shall be governed by and interpreted according to the laws of the Commonwealth of Virginia, without reference to conflicts of laws rules.

B. *Amendment.* Trusted Choice® shall have the right, at any time and without notice, to add to or modify the terms of this Agreement, by posting the amended terms to the Trusted Choice® Web site. Licensee's continued participation in the Program after the date that the amended terms are posted shall be deemed to constitute acceptance by Licensee of the amended terms.

C. *Waiver and Severability.* No failure or delay in exercising or enforcing any right or remedy hereunder by Trusted Choice® shall constitute a waiver of any other right or remedy, or future exercise thereof. If any provision of this Agreement is determined to be invalid under any applicable statute or rule of law, it is to that extent to be deemed omitted, and the balance of the Agreement shall remain enforceable.

D. *Interpretation.* The captions used in this Agreement are for reference only and shall not be used to interpret the Agreement. The terms of this Agreement shall be interpreted according to their fair meanings and not strictly for or against any party.

E. *Entire Agreement.* This Agreement constitutes the entire agreement of the parties regarding the subject hereof, and supersedes any prior understandings or writings, and may be modified as provided for herein.

F. *Assignment.* This Agreement may not be assigned by Licensee without the prior written permission of Trusted Choice®.

G. *Unsolicited E-Mails/Faxes.* Licensee hereby authorizes Trusted Choice® or any of its corporate affiliates to send unsolicited commercial e-mails and/or faxes to Licensee and any of its employees.

Sign and return with your Membership Application to: IIABAZ at 333 E. Flower Street, Phoenix, AZ 85012 Fax: 602-468-1392

Signature: \_\_\_\_\_ Print Name: \_\_\_\_\_

Agency Name: \_\_\_\_\_ 07004 1F





# Trusted Choice<sup>®</sup> Pledge of Performance

Trusted Choice<sup>®</sup> agencies are insurance and financial services firms whose access to multiple companies and commitment to quality service enable us to offer our clients competitive pricing, a broad choice of products and unparalleled advocacy.

As a Trusted Choice<sup>®</sup> agency, we are dedicated to you and are committed to treating you as a person, not a policy. This commitment means we shall:

- Work with you to identify the insurance and financial services that are right for you, your family or your business and use our access to multiple companies to deliver those products.
- Guide you through the claims process for a prompt and fair resolution of your claim.
- Help you solve problems related to your coverage or account.
- Explain the coverages and options available to you through our agency, at your request.
- Return your phone calls and e-mails promptly and respond to your requests in a timely manner.
- Provide 24/7 services for our customers, offering any or all of the following: emergency phone numbers, Internet account access, e-mail and call center services.
- Use our experience and multiple company relationships to customize your coverage as needed.
- Commit our staff to continuing education so they may be more knowledgeable in serving you.
- Treat you with respect and courtesy.
- Conduct our business in an ethical manner.

We pledge this to you, our clients and ask that you let us know if we fail to meet our commitment, so we may take corrective action.